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Bib Data Sheet

CONFIRMATION NO. 2208

SERIAL NUMBER 09/540,401	FILING DATE 03/31/2000 RULE	CLASS 434	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. 07442.0010-02	
APPLICANTS James L. Boney, Pasadena, MD; Terrance C. Slattery, Annapolis, MD; Shawn G. Coville, Manassas, VA;					
** CONTINUING DATA ***** <i>CH 11/15/02</i> This application is a CIP of 09/365,243 07/30/1999					
** FOREIGN APPLICATIONS ***** <i>CH 11/15/02</i>					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/08/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <i>Chandra L. Harris CH</i> Acknowledged <u>Examiner's Signature</u> Initials		STATE OR COUNTRY MD	SHEETS DRAWING 33	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 4
ADDRESS 32026					
TITLE System and method for managing training devices					
FILING FEE RECEIVED 1078	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 2208

SERIAL NUMBER 09/540,401	FILING DATE 03/31/2000 RULE	CLASS 434	GROUP ART UNIT 3713	ATTORNEY DOCKET NO. 07442.0010-02
APPLICANTS James L. Boney, Pasadena, MD; Terrance C. Slattery, Annapolis, MD; Shawn G. Coville, Manassas, VA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/365,243 07/30/1999 <i>CH 7/3/03</i> <i>09/364,046 07/30/1999, now abandoned.</i>				
** FOREIGN APPLICATIONS ***** <i>CH 7/3/03</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/08/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <i>Chanda L. Harris CH</i> Acknowledged Examiner's Signature Initials		STATE OR COUNTRY MD	SHEETS DRAWING 33	TOTAL CLAIMS 4
INDEPENDENT CLAIMS 4				
ADDRESS MR. JAMES L. BONEY 640 SUTTON DRIVE PASADENA, MD 21122				
TITLE Methods and apparatus for computer training relating to devices using a resource control module				
FILING FEE RECEIVED 898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	